

Gardner Parks and Recreation Registration Form				
Parent's Name:	Phone:	Work:		
Participant's Name:	DOB:	Gender:		
Address:	City:	State:	Zip:	
Uniform Size:YXS (2-4)YS (6-8)YM (10-12)	YL (14-16)AS (18-20)	AM (22-24)AL (26-28)	AXL (30-32)	
Grade for 2007-08 School Year:	I would like to cheer for		team.	
Program:K thru 2nd Grade3rd & 4th Grade	_5th & 6th Grade Name o	of School:		
Credit Card Type:(circle one): Visa Mastercard Credit Card	d Number:	Exp. Date:		
Email:		ail regarding upcoming programs and spe policy in terms of use visit www.gardi		
Note: Please keep a record of the dates and to	imes of the programs you have	enrolled in: confirmations are r	not sent	

Note: Please keep a record of the dates and times of the programs you have enrolled in; confirmations are not sent. Enrollment may also be completed online at www.gardnerkansas.gov or at City Hall, 120 E. Main Street, Gardner, KS.

Return completed with check or money order, payable to: Gardner Parks and Recreation

LIABILITY RELEASE:1, as a participant or legal guardian representing a minor participant agree to release the City of Gardner, its officers, employees and volunteers, from an and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in/and our presence at the above activity(s). I/we understand the risks and possible dangers of participating in these activity(s). Also, I/we authorize the Gardner Parks and Recreation Department to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. I have entered into this agreement of my own free will.



120 E. Main Street Gardner, KS 66030 (913) 856-0936 www.gardnerkansas.gov I have read and understand the liability release and refund policy; Registration invalid without signature.

Signature: Date:



Volunteer Squad Leader Application

Application Deadline: August 31, 2007

Youth Cheerleading Program

Name	Home Phone	Work Phone		
Address				
Street	City	State	Zip	
Do you have children reg If your answer is yes, plea		ogram? Yes	No	
	n a Squad Leader for Gardner Parks on was the last year you were a Squad		No	
Have you ever received The National Youth Sport	training through s Coaches Association (NYSCA)?	Yes	No	
Have you received any of If your answer is yes, plea	other type of coaches training within t use describe:	he last three years? Yes	No	
· · · · · · · · · · · · · · · · · · ·	ou are requesting to coach for?			
Or, please select the age	e group you wish to coach for:			
K thru 2nd G	rade			
3rd and 4th	Grade			
5th and 6th	Grade			
safety of the childre known to be convict	and responsibility of the Parks en. The department has deter ted of a crime against a minor n or event offered by the City of	mined that any indiv cannot participate as	idual that is	
"Office Use Only"				
Received By:	Date Received:	Time Received: _		